

For Billing Questions, Please Call (855) 717-8633

Call Date: 04/01/2015

Invoice Date: 06/23/2015

N

Patient Name: GARRETT MCDOWELL

Patient Number: 40950

Time: 07:06 PM

CITY OF CLAYTON FIRE DEPT
10 N. BEMISTON AVE
CLAYTON, MO 63105-3304

Insurance: UNITED HEALTHCARE

Provider Federal Tax ID: 43-6000774

Call Number: 15-0713

Amount Due: **790.80**

GARRETT MCDOWELL
43 NEALE DR
JEFFERSON, MO 63019

CITY OF CLAYTON FIRE DEPT
10 N. BEMISTON AVE
CLAYTON, MO 63105-3304

PAD
7-17-2015

CONF 1140841

☐ Please check Box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

Payment Amount Enclosed \$ _____

DETACH ALONG PERFORATION BELOW AND RETURN STUB WITH YOUR PAYMENT

DESCRIPTION OF CHARGE		QUANTITY	UNIT PRICE	AMOUNT
ALS 1 EMERGENCY	A0427	1.0	750.00	750.00
GROUND MILEAGE	A0425	3.4	12.00	40.80
Total Charges				790.80

DESCRIPTION OF PAYMENT	RECEIPT	PAYMENT DATE	AMOUNT
Total Credits			0.00
PLEASE PAY THIS AMOUNT ➔			\$790.80

Invoice Date: 06/23/2015

Patient Name: GARRETT MCDOWELL

Patient Number: 40950

Call Number: 15-0713

Call Date & Time: 04/01/2015 07:06 PM

From: 6515 WYDOWN 178

To: BARNES JEWISH HOSPITAL

Transport Reasons: 959.7

959.9

We filed a claim with your insurance over 45 days ago. To date we have received no payment from them or the patient. The account is now PAST DUE. Please contact your insurance agent about the status of your claim and call us with the information Thank you.

CITY OF CLAYTON FIRE DEPT 10 N. BEMISTON AVE CLAYTON, MO 63105-3304

For Billing Questions, Please Call (855) 717-8633(314) 290-8442